



SUPPORT SERVICES –  
CRITICAL TIME INTERVENTION CASE  
MANAGEMENT  
*REQUEST FOR PROPOSAL*



2023

## **SUPPORTIVE SERVICES- CRITICAL TIME INTERVENTION CASE MANAGEMENT FY 2024 REQUEST FOR PROPOSAL (RFP) TOTAL AWARD - \$355,000**

### **Purpose**

The Metropolitan Government of Nashville and Davidson County is soliciting proposals from qualified applicant(s) to provide community-based supportive services to veterans and individuals experiencing literal homelessness who meet high acuity levels as established by the community's coordinated entry process, as they transition from homelessness into permanent housing to ensure long-term housing retention.

### **Objective**

The goal of the resulting contract(s) is to create conditions for program participants to achieve the following objectives:

- (a) Maintain housing by complying with any/all lease provisions and local laws.
- (b) Achieve the highest level of self-sufficiency possible and improve the overall quality of life.
- (c) Be linked to community supports including mainstream services they qualify for, faith-based and other community-based services.

### **Scope of Services**

The selected provider(s) will ensure that individuals are connected to supportive services that will address barriers to maintaining housing and achieving self-sufficiency including but not limited to case management, access to mental health and substance use disorder treatment and recovery, screenings for and assistance with applying for mainstream benefits, primary health care, peer support, medication management, outpatient, intensive community treatment, psychosocial rehab, transportation, life skills coaching, employment assistance or resources and SOAR enrollment assistance.

The primary focus of case management is to provide supportive services that promote self-sufficiency to ensure long-term housing retention to veterans experiencing homelessness, including chronic homelessness, as well as non-veterans experiencing literal homelessness, who were assessed through the coordinated entry system as having high acuity levels and needs.

### **Requirements**

1. Applicant(s) must develop and implement an array of integrated services and supports designed to reduce homelessness and chronic homelessness among the population of focus and to offer this population treatment and recovery-oriented care for substance use and mental health disorders.

2. Applicant(s) must provide application assistance to facilitate enrollment in mainstream benefits such as TennCare, Behavioral Health Safety Net, Supplemental Nutrition Assistance Plan, SSI/SSDI, Veterans' Affairs Supportive Housing, and other federal benefits to ensure support from all alternative funding sources.
3. Applicant(s) must currently have an established contract with one of the three statewide Managed Care Organizations (MCOs) and be a qualified TennCare provider in order to streamline the application process for individuals applying for Medicaid. In addition, the winning applicant(s) must be TDMHSAS Behavioral Health Safety Net (BHSN) providers.
4. Applicant(s) must ensure that services observe the Housing First practice, where sobriety is a not a condition for eligibility nor excludes one from housing opportunities.
5. Applicant(s) must use Critical Time Intervention (CTI), an evidence based social work practice, as the model of case management used. Promoting the development of independent living skills while building robust networks of support in the community, leading to eventual self-reliance on oneself and their ability to navigate their community support system, is the foundation of the CTI practice. Responsibilities and practices related to CTI include: Following a service delivery plan that is broken into a step down model of three defined phases of CTI over the course of 9 months.
  - Individual centered recovery plan that includes in-home visits. Adhere to a housing first approach, while providing support services to help individuals move to sustainable housing.
  - Complete training on CTI, as determined by the Metropolitan Homeless Impact Division (MHID), on July 1<sup>st</sup> 2023 to be named the Office of Homeless Services) within the first 30 days.
6. Applicant(s) may utilize an alternative case management model for up to 20% of all referred individuals as some may require more or less intensity of case management based on their specific needs. Documentation of the clinical rationale for an alternative case management plan and the expected frequency of case management contact shall be included in the client record and made available for review during program monitoring and/or quarterly meetings.
7. Applicant(s) must utilize the Nashville/Davidson County Coordinated Entry system for all referrals for this program.
8. Applicant(s) will develop relationships with organizations providing housing navigation services to establish a warm hand-off procedure and assist with lease signing and move-in when appropriate.
9. Applicant(s) must utilize the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT) to assess potential program participant's chronicity and medical vulnerability. This assessment will become the foundation basis for developing an individualized CTI plan.

10. Applicant(s) must participate in on-site monitoring visits as well as quarterly face-to-face meetings with the Metropolitan Homelessness Impact Division/ Office of Homeless Services staff to assess program service delivery data, overall goal progression, and adherence to the established policies and procedures and fidelity to the CTI service delivery model.

11. Applicant(s) must agree to serve an average of 75 program participants per program year; participants will require a higher occurrence of services during the first phase of their CTI plan.

**All participants must be entered in the Homeless Management Information System and all services provided must be documented in the Homeless Management Information System (HMIS).**

12. Applicant(s) must identify for potential program participants, any alternative funding sources to cover costs for any, or all, of the support services that were identified as a need during the initial assessment, in order to maximize treatment and support services available within the community.

13. Applicant(s) will make every effort to hire and engage a Certified Recovery Peer Specialist. Certification qualification can be found at [www.tn.gov/behavioral-health](http://www.tn.gov/behavioral-health).

14. Applicant(s) will be required to submit a monthly financial report to the Office of Homeless Services and a quarterly program report to the Office of Homeless Services.

15. Applicant(s) will be required to have staff hired and be delivering services by **August 1, 2023**.

#### **Deadline for Submission**

The deadline for submission of applications is **3:00pm on July 7, 2023**. **Applications submitted after 3:00pm on July 7, 2023 will not be accepted.**

Additional copies of this request may be obtained by viewing Metro Homeless Impact Division/ Office of Homeless Services Web page or emailing **Allison Malone** at **Allison.malone@nashville.gov**.

#### **Submission Instructions**

The original plus four (4) copies of the application must be submitted to the sole point of contact, **Allison Malone**. Applications should be delivered to **Attn: Allison Malone, Metro Social Services 800 2<sup>nd</sup> Ave North, Nashville, TN 37203**. All applications must be clearly typed on one side of 8 ½ x 11 paper in 10-point font Times New Roman. All narrative applications are limited to a maximum of 4 pages. As a courtesy, please email a digital PDF version as well. [Allison.malone@nashville.gov](mailto:Allison.malone@nashville.gov).

Applicants must provide proof of board approval to enter in to said contract. Applications must be signed by an official authorized to bind the applicant to the provisions contained in the application. The contents of successful applications will become contractual provisions. Applications submitted after **3:00pm on July 7, 2023** cannot be accepted.

Failure to comply with any of the provisions of this RFP may result in the rejection of the application. Any omission of required information, fraudulent or misleading statements and vague or non-specific responses to required information, shall be grounds for rejection of an application.

Metro Homeless Impact Division/ Office of Homeless Services may determine, at its sole discretion, whether the requirements are reasonably met. A cover letter should be submitted on the applicant's official business letterhead explaining the intent of the applicant and to the specific announcement the applicant is responding. Faxed or emailed copies of the application cannot be accepted.

#### **Schedule of Events/Deadlines**

<b>Important Dates</b>	<b>Important Dates</b>
Submission Deadline Date	July 7, 2023 at 3:00 pm
Notification of Awards	July 17, 2023 at 3:00 pm
Service Delivery Begins	August 1, 2023 at 8:00 am

\* Dates are subject to change.

## Evaluation Criteria

### Experience, Qualifications and References: **Max 30 points**

- Describe your agency's (and all sub-contractors) experience in providing mainstream service linkage and housing retention and self-sufficiency services (case management) to people experiencing homelessness.
  - o Include any experience providing employment search services, disability application assistance, planning for financial self-sufficiency and direct financial assistance.
  - o Include performance on projects of similar size and scope including, but not limited to, the ability of the organization to deliver projects within the established schedules and budgets.
- List at least one contract with one of the three statewide Managed Care Organizations.
- **Are you a qualified TennCare provider?**
- **Are you a TDMHSAS Behavioral Health Safety Net (BHSN) provider?**
- Demonstrate relevant experience of proposed team members. Resumes of “key” individuals should be submitted as attachments.
- Attach a resume of the person who will provide supervision and the case managers, if known.
- Describe how you will hire or engage a Certified Recovery Peer Specialist.
- Describe the experience and training requirements of the employees you will hire to provide the services and ensure a program participant’s ability to retain housing and improve financial self-sufficiency.
- Describe the duties of the employees you will hire to provide the services, how they will be supervised.
- Estimate the number of hours each person will contribute to the project/contract, and the schedule for completing the project.
- Explain approach to fostering the most productive and collaborative relationship with Metro, including quarterly in-person meetings and weekly virtual meetings for case referrals.
- List all current litigation(s) in which your organization is a defendant (not the legal details).
- List all employee licensing violations during the past five (5) years.
- Please attached your Experiences, Qualifications and References.

**Project Approach and Process: Max 50 points**

- Describe how you will utilize a "Housing First approach" in which housing assistance is offered without requiring compliance with treatment or medication.
- If your organization will provide housing directly, explain potential benefits and drawbacks to co-location of housing and services as it relates to fidelity to the Housing First model.
- If transitional housing is included in the proposal, explain how its provision will lead to tenancy in permanent housing (and include timelines for permanent housing placement).
- Describe the special needs and challenges presented by people experiencing chronic homelessness who have been living on the streets and/or in emergency shelters and explain why your agency is interested in and committed to serving this population.
- Give at least one example of how you would address a participant with challenging behaviors to help retain housing stability.
- Describe how your organization will develop and utilize Critical Time Intervention (CTI). The firm should be familiar with "Phases of Transition," including Transition to the Community, Try Out and Transfer to Longer Term Supports.
- If you already provide case management services, describe the opportunities and challenges of incorporating a new case management model like CTI into your existing case management culture.
- Describe how you will utilize the Vulnerability Index-Service Prioritization and Decision Assistance Tool or another approved community assessment tool to assess potential program participant's chronicity and medical vulnerability.
- Describe how you will serve an average of 75 program participants per program year.
- Describe your plan for providing these services to assist participants to obtain and retain housing and financial self-sufficiency in this program.
- Describe your experience with Nashville's Homeless Management Information System (HMIS) database and the coordinated entry process.
- Please provide a sample monthly financial report.
- Please provide a sample quarterly program report.



**Contract Budget**  
**Max 20 points**

Summary Budget for  
8/1/2023 through 7/31/2023

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**  
**GRANT SPENDING PLAN**

<b>RECIPIENT NAME:</b>	
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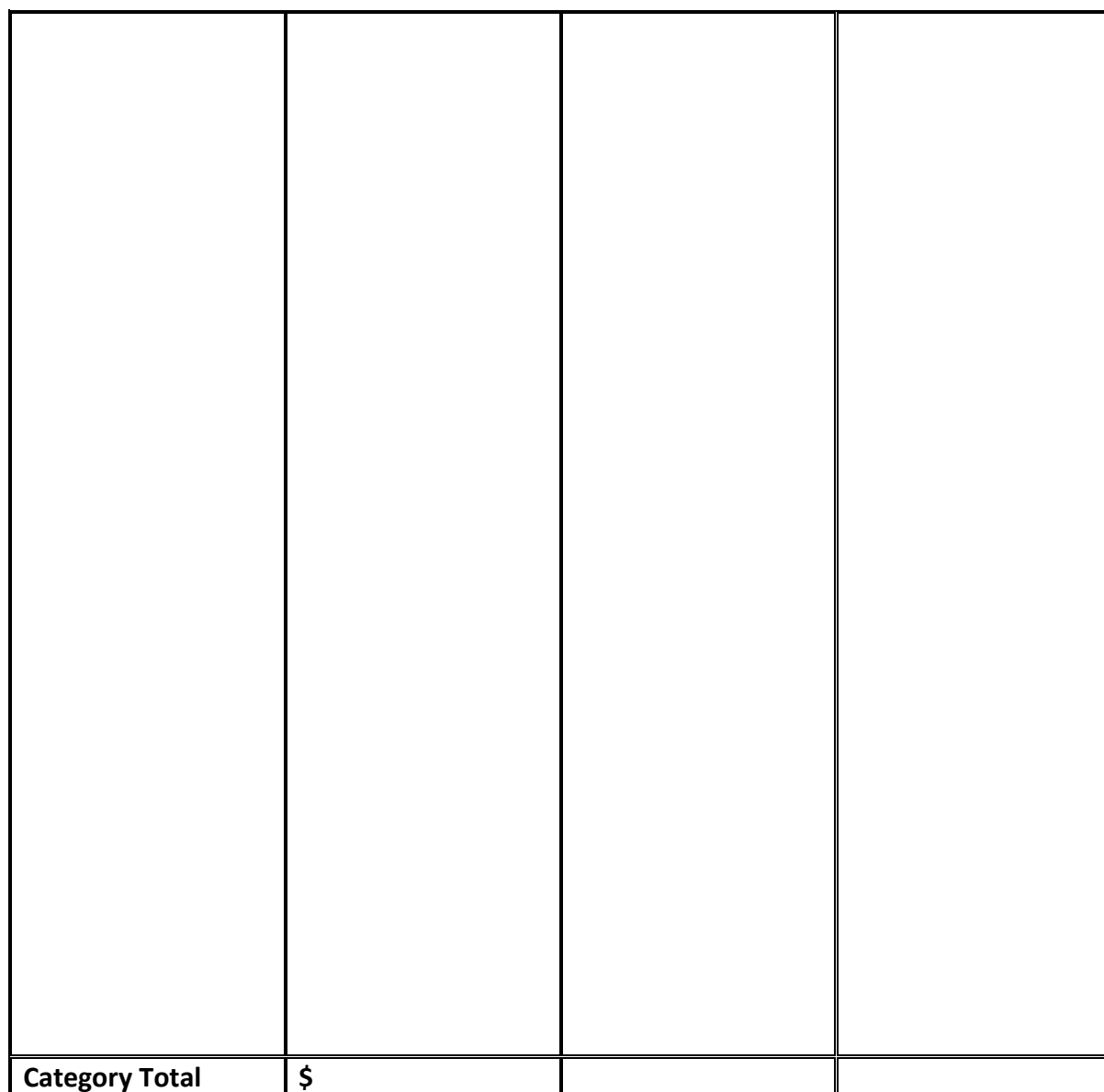
THE FOLLOWING IS APPLICABLE TO EXPENSES PLANNED TO BE INCURRED DURING THE <b>CONTRACT GRANT PERIOD: August 1, 2023 through July 31/2023</b>						
	EXPENSE OBJECT LINE- ITEM CATEGORY	METRO GRANT FUNDS	RECIPIENT MATCH	TOTAL PROJECT		
	Salaries and Wages			\$0.00		
	Benefits and Taxes			\$0.00		
	Professional Fees			\$0.00		
	Supplies			\$0.00		
	Communications			\$0.00		
	Postage and Shipping			\$0.00		
	Occupancy			\$0.00		
	Equipment Rental and Maintenance			\$0.00		
	Printing and Publications			\$0.00		
	Travel/ Conferences and Meetings			\$0.00		
	Insurance			\$0.00		
	Specific Assistance to Individuals			\$0.00		
	Other Non-Personnel			\$0.00		
	<b>GRAND TOTAL</b>	\$0.00	\$0.00	\$0.00		



### Detailed Budget (Salaries and Wages)

**INSTRUCTIONS:** List all positions for which salaries will be paid from this contract. Enter in Column 1 the annual (12 months) salary rate for each position which will be filled for all or any part of the year. Enter in Column 2 the number of months the positions will be filled. Enter in Column 3 the percent of time or effort the staff person will devote to the project during the number of months shown in column 2.

Direct Cost Only	Column 1 Annual Salary Rate	Column 2 # of MOS. BUDG.	Column 3 Time
1. Position/Name/ Credentials			



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Critical Time Intervention  
Office of Homeless Services

Column 1 Detailed Budget For This Period (Continued)	Column 2 Total Amount Required
<b>2. Related Benefits</b> List Benefits and Amounts:	
<b>Category Total</b>	\$
<b>3. Travel</b>	

Category Total	\$
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Detailed Budget For This Period (Continued)	Total Amount Required
Category Total	\$
4. Operating Costs	
Category Total	\$
5. Supplies	
Category Total	\$

**Budget**

Submit an itemized operating budget for the period August 1, 2023 through July 30, 2024 in the attached budget worksheets. Specify positions, salary, and a detailed budget narrative. Provide budget justification.

### **Organizational Structure/Administrative Capacity**

Please provide the following information:

- A. Names/addresses of Board of Directors.
- B. Names/addresses of owners or organizations, if applicable or anyone with financial interest.
- C. Documentation of tax-exempt status.
- D. Applicants must supply:
  - Employer ID Number
  - Certificate of Authority to do business in Tennessee
  - Name and address of principal officer
  - Unique Entity Identifier
- E. If out of state the applicant must provide the name and address of the local representative and if none, so state.
- F. Indicate name address of entity to which payments will be made if applicant is the successful bidder.
- G. Disclose if the proposer was under contract with MHID within the past twenty-four (24) months and indicate the contract number and/or any other information available to identify the engagement; if none, so state.
- H. The applicant's State and Federal Tax Identification Numbers
- I. For each of the last three (3) years, copies of financial statements and/or audits or other appropriate documentation which would demonstrate to MHID that the organization's financial resources are sufficient.
- J. When an organizational entity is part of a larger organizational structure, the applicant should determine and indicate which entity will manage the contract and fiscal structures and submit documentation based on the determination.

**\*All information must be submitted on any subcontract, collaborations, and partnerships.**